



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 8810

Bib Data Sheet

SERIAL NUMBER 09/929,235	FILING DATE 08/13/2001 RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. SDT 314
-----------------------------	---------------------------------------	--------------	------------------------	-----------------------------------

APPLICANTS

Stephen F. Gass, Wilsonville, OR;

David A. Fanning, Vancouver, WA;
 Joel F. Jensen, Redwood City, CA; Sung H. Kim, Palo Alto, CA;
 Andrew L. Johnston, Redwood City, CA;
 David S. D'Ascenzo, Portland, OR;

** CONTINUING DATA *****

This appln claims benefit of 60/225,056 08/14/2000
 and claims benefit of 60/225,057 08/14/2000
 and claims benefit of 60/225,058 08/14/2000
 and claims benefit of 60/225,059 08/14/2000
 and claims benefit of 60/225,089 08/14/2000
 and claims benefit of 60/225,094 08/14/2000
 and claims benefit of 60/225,169 08/14/2000
 and claims benefit of 60/225,170 08/14/2000
 and claims benefit of 60/225,200 08/14/2000
 and claims benefit of 60/225,201 08/14/2000
 and claims benefit of 60/225,206 08/14/2000
 and claims benefit of 60/225,210 08/14/2000
 and claims benefit of 60/225,211 08/14/2000
 and claims benefit of 60/225,212 08/14/2000

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Alfred</i> Examiner's Signature	OR	7	29	8
Initials <i>gm</i>				

ADDRESS

27630
 SD3, LLC
 22409 S.W. NEWLAND ROAD
 WILSONVILLE, OR
 97070

TITLE

Table saw with improved safety system

FILING FEE RECEIVED 636	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit